

Annual Report of the Independent Monitoring Board at HMP/YOI Bedford

**For reporting year
1 July 2021 – 30 June 2022**



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Introductory sections 1 – 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent Board, appointed by the secretary of state from members of the community in which the prison or centre is situated.

The Independent Monitoring Board (IMB) is specifically charged to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison, and the range and adequacy of the programmes preparing them for release
- inform promptly the secretary of state, or any official to whom they have delegated authority as it judges appropriate, any concern it has
- report annually to the secretary of state on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a 'National Preventive Mechanism' (NPM) to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison, and also to the prison's records.

This document is the report of the Board for HMP Bedford covering the period 1 July 2021 to 30 June 2022. The Board thanks the Governor and staff most sincerely for their cooperation in the production of this report.

2. Description of the establishment

Purpose

HMP and YOI Bedford is a category B reception and resettlement prison that has the following functions:

- to receive prisoners from court, on remand and following sentencing
- to keep remand prisoners until the outcome of their court case
- to risk assess, categorise and allocate sentenced prisoners to a suitable prison to serve their sentence
- to manage and keep safe prisoners serving their sentence in HMP Bedford and to prepare them for release
- to receive prisoners from other prisons to prepare them for release into the local community

Accommodation and facilities

HMP and Young Offender Institution (YOI) Bedford (to be referred to subsequently as 'HMP Bedford') has an operational capacity of 487 (310 being the certified normal accommodation). However, one wing is predominantly out of use, with the result that the current operational capacity is 400.

As a busy reception prison, Bedford takes both sentenced and remanded prisoners, mainly from courts in Bedfordshire and Hertfordshire.

It is important to recognise that the prison, in its current guise, was designed for a capacity of 310. It is therefore overcrowded and has been for many years.

Wings A, B and C radiate from a central hub and were built in 1845. The various wings are as follows:

- A wing holds up to 146 prisoners (102 prisoners are in double cells built for one prisoner. There are 44 cells furnished as single cells for high-risk prisoners).
- B wing can hold up to 74 prisoners, in double cells but it was temporarily closed in 2019 and it now houses 10 prisoners designated as 'responsible citizens'. The unit also houses individuals who are shielding, as they are classified as clinically vulnerable.
- The care and separation unit (CSU) is situated below ground on B1, with nine furnished and two unfurnished cells, a separate exercise yard, a shower and an adjudication room. Of the nine furnished cells, three are located on the adjoining floor (C1) for CSU prisoners who have started to make progress towards returning to the main wings.
- C wing has 99 places. Above ground, levels C2 and C3 consist predominantly of two-man cells but include also two four-man cells. There is a dedicated cell on C2 for Listeners (trained prisoners who give up time to listen to the concerns of others) and a dedicated cell for a disabled prisoner. C4 remains as a normal location.
- C1 has three overflow cells for the CSU and a further five two-man cells. Prisoners who are designated as 'responsible citizens' were relocated to B wing in the Covid-19 crisis, to make way for C1 to be converted into a protective isolation unit

(with 10 beds), which then housed and isolated individuals who were symptomatic or tested positive for Covid-19.

- E wing, with 41 beds, is now the young adults' wing, where new prisoners between 18 and 24 years old are located.

The following facilities are accommodated in separate buildings on the congested town centre site, within a perimeter wall that is adjacent to commercial and residential buildings outside. The proximity to adjacent buildings is a continuing worry for the prison, in trying to control 'throwovers' of drugs and other prohibited items.

- F wing was built in 1812 and houses 28 individuals. It remains a dedicated unit for vulnerable prisoners (mainly those convicted of sexual offences).
- D wing was built in 1992, with spaces for 95 prisoners. It mainly houses prisoners who are completing treatment for drug addictions. The top floor of D wing (D4) is now used as a first night centre for prisoners who are not defined as young adults (that is 18-24 years old).
- The healthcare centre, built in 1992, houses an inpatient unit on the first floor, comprising nine normal cells and a gated cell. Consulting rooms, treatment rooms and a pharmacy are on the ground floor.
- The gatehouse, built in 1992, houses some offices, the visits hall, secure interview panels for legal visits, and the reception suite.
- In addition, there is a large multi-faith room and chaplaincy offices, a gym, a well-equipped education suite and library, a laundry, kitchens, a small teaching workshop, a maintenance area and an administration suite.

Prisoner characteristics and lengths of stay

HMP Bedford is now classified as category B reception and resettlement prison. This means that it receives category B prisoners who have been sentenced at Luton Crown Court for a sentence of less than a year. It previously served St Albans Crown Court as well but similarly sentenced prisoners from that court now go to HMP Wormwood Scrubs.

Prisoners are remanded to HMP Bedford mainly from both St Albans and Luton Crown Courts.

These arrangements, combined with court delays caused by Covid and other issues, have resulted in a significant change in the profile of prisoners within the prison. At present around 75% of prisoners are on remand. This compares with previous years (as evidenced by His Majesty's Inspectorate of Prisons (HMIP) reports) as follows:

- 2022: 75%
- 2018: 36%
- 2016: 27%
- 2014: 25%

In other words, HMP Bedford has evolved from a prison that was predominantly dealing with sentenced prisoners to one where it mainly has prisoners waiting to go to court. This has implications for the services that the prison provides. For example, there is a greater demand for transfer to court and for access to solicitors and a lesser requirement for

sentence planning (as most of the prisoners have not been sentenced). We will discuss, within this report, the extent to which HMP Bedford has been able to meet this challenge.

Whether sentenced or on remand, it remains the case that there is a sustained and relatively rapid movement (the 'churn') of prisoners. This poses particular problems for the prison, in terms of being able to offer meaningful interventions and build the productive relationships between prisoners and staff which are necessary to maintain a safe and orderly prison.

We pointed out in the last report that although the official title of the prison is 'HMP and YOI Bedford' with, at the time, 12.5% of prisoners being under 21, there were no specific facilities to reflect its YOI status. This has now changed, with a wing being dedicated to young prisoners. This is certainly a step forward and we will give our impressions of the operation of the wing later in the report.

3. Executive summary

3.1 From pandemic to normal operation

Context

The 12 months of the period of this report might be seen as a recovery and readjustment period. In the summer of 2021, the Covid vaccination programme was having a real impact with a significant reduction in infections. However, further infection waves followed in the autumn and winter, and it was not until the late spring that a sense of normality began to return in the general community.

Infections within the prison generally followed this pattern and it was designated by the UK Health Security Agency as a Covid outbreak site on six occasions – December 2020, February 2021, August 2021, November 2021, March 2022 and September 2022

Prison operation

His Majesty's Prison and Probation Service (HMPPS) developed a four-stage plan for operation during Covid-19:

- stage 4: lockdown – when Covid-19 is prevalent in the prison or there is a very high risk of it being prevalent
- stage 3: restrict – less severe than lockdown, but with many activities still restricted
- stage 2: reduce – most areas open but with social distancing restrictions
- stage 1: prepare – normal service to pre-pandemic levels.

For most of this reporting year the prison was 'stage 3: restrict', which meant:

- no face-to-face social visits, except on exceptional compassionate grounds; priority access to remote visits
- core residential services only (meals, domestics and exercise)
- no mixing beyond identified 'cohorts'
- no gym, with outdoor fitness activities subject to sufficient space
- in-cell education activity; access to library books on wing only
- essential work for prisoners – for example, the kitchens – only
- communal worship suspended but pastoral services still delivered
- emergency and urgent healthcare
- the key worker scheme reduced to wellbeing checks for the most vulnerable

While there were small variations according to risk and staffing availability, many prisoners remained in their cells for 22 hours a day, on occasions for as much as 23.5 hours.

In the initial phases of the 2020 and early 2021 HMP Bedford saw relatively few infections, in part due to the rigorous implementation of the recommended measures. However, in the autumn and winter of 2021/2022 it was almost continually an outbreak site, which had two main impacts:

- restrictions and controls on movement and mixing had to remain in place;
- there was relentless pressure on staff numbers as officers caught Covid themselves or had to stay away because they were in an infected household.

Although the prison moved to stage 2 in November 2021 it was declared an outbreak site within days and returned to stage 3. HMP Bedford finally moved to the stage 2 regime in April 2022 but is still not providing the full range of functions it did before the pandemic – for example, the key worker scheme is only operational in a very limited fashion.

We would like to put on record our appreciation of the dedication of the Governor, senior staff and officers to keep the prison open and running during this period. Remote working is not an option and most of the building complex dates to Victorian times, or before, with narrow walkways that make social distancing all but impossible. However, throughout the period when Covid was rife in the establishment employees still came in, putting themselves at personal risk.

Impact on prisoners

In our last report (July 2020 – June 2021) we said that the number of prisoners who caught Covid had been relatively low. This year it was different. In total, over 300 prisoners were registered as being Covid positive, with the number peaking during the months of December 2021 and January 2022 when around a quarter of prisoners were infected.

When the prison was designated a Covid outbreak site there were often very few facilities available to prisoners. In addition, they were locked in their cells for 23 hours a day (sometimes longer) with no exercise or shower. Even when the prison was not an outbreak site staff shortages meant that the 'regime' (the programme for providing time out of cell, gym, education and other activities) was often extremely curtailed.

As a result, two men could be sharing a small cell for days on end with virtually no break. One prisoner summed up the experience as follows: *'sharing a cell with somebody 23 hours a day can be very frustrating if you don't get the right match. The worst thing is the TV choice and when to turn it on/off, also getting used to somebody's hygiene and tidiness, or whether your cellmate prays loudly 15 mins every hour then walks up and down singing'*.

IMB monitoring

Because of the individual risk profile of most of the IMB members, visits to the site were limited significantly over the period of the report – we did not physically attend during the times when the prison was a Covid outbreak site. Even when we did attend, it was difficult to engage meaningfully with prisoners as they were often locked behind their door. More normal operations resumed in April.

As with last year, we undertook a 'prisoners' voice' survey, to capture the following:

- What's it like sharing a cell with somebody 23 hours a day?
- What do you do?
- What helped you get through the boredom?
- What were the things you worried most about?
- Did you have any health or mental health worries? Were these easy to address?
- What's the worst thing about lockdown?
- What have you liked most about the new regime after lockdown?

- What could the prison have done differently to make life better? What did they do well?
- Were you able to make regular contact with your family?
- How easy was it to find out the things you needed to know?
- How helpful were wing staff?

We received 21 responses which we will refer to during the report. However, the key messages can be summarised as follows:

- Many of the responders felt that the regime post-pandemic was very little different from that during it.
- The experience in a shared cell is very much determined by who you share with.
- Prisoners' main worry was family, but most were able to keep contact.
- It was generally not easy for prisoners to find out what was happening in the prison.
- The picture regarding wing staff was mixed but respondents mostly felt that they were not helpful.
- It was hard to get mental health support.

3.2 Main judgements

How safe is the prison?

There have been some positive developments in creating a safer environment within the prison. The recently opened young adults wing has the potential to make a real difference to young adults who are often experiencing prison for the first time and reduce their higher risk of self-harm and violence. In addition, the prison has made good progress around the processes for supporting those prisoners at risk of self-harm or suicide, although there is still room for improvement. The reception and induction arrangements are professional and sensitively implemented. The separate accommodation for vulnerable prisoners is well-run. There are indications that the level of drug use within the prison has reduced, although the prison has not yet returned to full mandatory drug tests.

However, violence to staff has increased and HMP Bedford is by some way the worst of its comparator group in this respect. It is a similar story with prisoner-on-prisoner assaults. Yet, from our regular monitoring, the prison does not feel a violent place. Self-harm incidents are also high although both self-harm and violence figures can be distorted by a few prolific individuals.

There were three deaths in custody, all of which appear to have been from natural causes. There was also an escape, although the prisoner was recaptured within a relatively short period of time.

How fairly and humanely are prisoners treated?

The treatment of prisoners remains constrained, and to a large extent defined, by the basic parameters of the prison – old and overcrowded. Covid lockdowns and staff shortages have meant that the prison has often not been able to provide the full regime, which resulted in prisoners being locked up, two to a cell, for 23 hours a day. However, there

have also been improvements with refurbished showers and much better laundry. Food is acceptable in terms of nourishment.

The care and separation unit (CSU) has not been relocated and remains in its underground location, which is horrible for both prisoners and staff. Often, someone is on a dirty protest, so a smell of faeces permeates the air, or prisoners may be banging on their cell doors and shouting; cell bells are going more or less continually. These conditions border on the inhumane.

The quality of staff/prisoner relationships is mixed. Whilst we have seen good examples of interactions between prisoners and staff, our prisoner survey revealed a lot of concerns. The key worker scheme is not yet fully operational again. The prison's performance in answering complaints has got worse and prisoners have limited confidence in the system.

The management of prisoners' property within the prison has improved, but there are still problems arising from poor communication between prisons in relation to missing property.

The faith team provides an essential role in both faith and pastoral support matters. The prison is lucky to benefit from such an excellent group of staff.

How well are prisoners' health and wellbeing supported?

The prison continues to provide a physical healthcare service that is broadly equivalent to that in the general community, for most prisoners, although the prison is not always able to provide the necessary officers to get prisoners to their appointments.

We cannot say the same regarding the mental health service. The capacity of the team is simply unable to meet the needs of prisoners. This situation is made worse by an overreliance on one-to-one interventions. It is particularly the case for prisoners with personality disorders and, for them, we believe that the standard of care is unacceptable. Whilst there are areas where systemic improvements can be made, without significant investment the provision of effective mental health services is likely to remain a challenge for the foreseeable future.

The drug rehabilitation team continues to provide a good and effective service for treatment and recovery that is appreciated by the prisoners who access it.

How well are prisoners progressed towards successful resettlement?

Attendance levels in education have improved and, whilst the Ofsted inspection of January 2022 concluded that '*the quality of education requires improvement*,' there is no doubt that progress has been made in the six months since. There is a good range of courses including support for those defined as neurodiverse learners. However, we are disappointed that the art and design course is no longer able to be accommodated on the curriculum timetable.

There have been significant improvements in the library service with better stock and a rise in membership.

The provision of purposeful activity continues to improve under the enthusiastic and effective leadership of the local manager. The prison has come a long way from when the only work provided was putting together key rings and has plans for further development. There is now a bicycle repair shop, a barbering course and the green prisons initiative.

Family contact remains hugely important, and we are concerned about the possible impact of a change of supplier for managing the visits centre from one that has a successful track record in this area.

3.3 Main areas for development

TO THE MINISTER

- i) Mental health services in the prison are poor. This is mainly due to staff shortages. We request that the minister review budgets for mental health staff especially in local prisons.
- ii) We have also seen many prisoners at HMP Bedford with such severe mental health issues that effective treatment by the local mental health team has not been possible. These men do not belong in prison: they get no better and take up an enormous amount of officer time. Transfer to an appropriate mental health facility is hugely difficult and the target time for transfer (28 days) is seldom met. We feel that there should be better cooperation between the Ministry of Justice and the Department of Health and Social Care to enable prisoners who are assessed as requiring mental health care in the NHS to be placed early in the appropriate facility.

TO THE PRISON SERVICE

- iii) As far as we are aware there have been no attempts to evaluate the effectiveness of the assessment, care in custody and teamwork (ACCT) process to understand whether it has achieved (or failed) its objective of supporting those at risk of self-harm.
- iv) The layout of the ACCT form does not facilitate care coordinators to summarise the prisoner's story to bring together a description of triggers, coping strategies and other relevant factors into an individual 'formulation'. We believe this remains a fundamental flaw in the ACCT process.
- v) The prison remains overcrowded with two prisoners in cells designed for one.
- vi) Facilities for disabled people in HMP Bedford are woefully lacking and as it deals with an ageing prison population, more cells will need to be adapted for disabilities.
- vii) The digitising of the personal escort records has made it harder for healthcare staff to access them.

TO THE GOVERNOR

- viii) We feel that the focus of the prison should be reviewed to see if it is providing the appropriate services for a prison that now houses predominantly unsentenced prisoners.
- ix) We have made several suggestions in relation to suicide and self-harm. This includes considering whether the number of meetings to review these individual's care could be streamlined to improve the quality and consistency of decision-making.
- x) We believe that the formulation of ACCT care plans should begin by asking prisoners about their coping strategies and preferred sources of help. The care plan should proceed from there.
- xi) We have made several suggestions in relation to violence and violence reduction including exploring if there is a link between the remand prisoners and

- violence, and reviewing how prisoners with serious mental health problems are assessed and the process for moving them to specialist psychiatric facilities.
- xii) Forms are not easily and regularly available on all wings, indeed on D wing there have been occasions where no forms were available at all.
 - xiii) We have been made aware of numerous issues with catalogue buys, particularly with items going missing after purchase.
 - xiv) We hope that this year the segregation unit will finally be moved from its underground location.
 - xv) We are concerned that, on occasions, prisoners have been kept in segregation without the proper process being completed.
 - xvi) We hope that the key worker scheme can be returned to full implementation.
 - xvii) Performance on complaints has got worse and prisoners tell us that they have little confidence in the system.
 - xviii) We made some suggestions about how the mental health service might become more effective including spending less time on the procedures for new referrals and more training of officers 'on the job' so that prisoners with mental health problems could be identified earlier.
 - xix) We echo the view of HMIP that the reallocation of gym staff should be a last resort.
 - xx) We believe that there would be significant benefits in the co-location of healthcare and mental health services and are disappointed that this has not yet happened.

3.4 Progress since the last report

IN AREAS FOR DEVELOPMENT IDENTIFIED TO THE MINISTER

- i) We have not seen any evidence that the national profile of the Prison Service has been raised or the role that officers and the other employees provide being publicly recognised.

IN AREAS FOR DEVELOPMENT IDENTIFIED TO THE PRISON SERVICE

- ii) Although HMPPS has published a new policy framework on prisoners' property, the inter-prison property system has not improved.
- iii) A year or so after the removal of the community rehabilitation companies (CRCs), we are seeing some evidence that the new arrangements are beginning to deliver improvements.

IN AREAS FOR DEVELOPMENT IDENTIFIED TO THE GOVERNOR

- iv) Whilst there have been improvements to reception and overall, and it works reasonably well, the physical area still requires a significant upgrading to make it fit for purpose.
- v) We have seen encouraging signs in the implementation of the new ACCT process but the levels of self-harm remain high in comparison to similar prisons.
- vi) The presence of faith staff at the reviews was particularly helpful as they seemed to be able to offer personal support to prisoners quickly and with the minimum of bureaucracy.

- vii) The number of violent incidents remains far higher than any of HMP Bedford's comparator prisons.
- viii) The relocation of the segregation unit has still not occurred although the physical works to enable this commenced in April 2022.
- ix) There has been no integration of the reporting of prison and healthcare complaints.
- x) the opening of a specific wing for young adults has great potential and we are encouraged by the early results.
- xi) We are pleased to note the progressive and effective management of the vulnerable persons' wing under a new custodial manager.
- xii) We are pleased to note that soft indicators suggest there is reduced drug use within the prison.
- xiii) Waiting times for healthcare have improved but there is still a concern about the number of missed appointments.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

We have observed prisoners going through the reception process. Our overall assessment is that of an impressive team working well together to maintain a relaxed yet professional experience for prisoners entering the establishment. Special sensitivity was shown to those for whom it was their first experience of prison. In addition, we saw that rule 45 prisoners (vulnerable prisoners, normally by nature of their crime or background) were discreetly moved through the process without making their status obvious to other prisoners.

The first few pages of the early days in custody booklet were completed for all prisoners. It consists of risk factors and a check sheet completed by the reception staff. This booklet then goes with the prisoners to be completed during the induction process.

A prisoner's personal escort record (PER) is an extremely important document as it could contain crucial information about the health needs of a prisoner – a recent Prisons and Probation Ombudsman's (PPO) report raised concerns that a PER had not been read by the nurse. As a result, healthcare staff are now required to record the fact that they have read the PER. However, the PER has been digitised, which might seem like a good idea, except that healthcare staff use a different system, so cannot access it. This means that they must ask reception staff to print it off, which can be difficult in a busy environment with many new prisoners waiting to be processed. It is ironic that this new system actually makes it more likely that the PER is not read.

The reception staff are supported by orderlies. Our observations are that these prisoners do a wonderful job reassuring and imparting information to new arrivals. We saw one orderly, who was a young adult himself, help another young adult coming into prison for the first time. This sort of peer-to-peer involvement really works well.

We have also seen how drug users are assessed and supported at reception, the completion of the basic custody screening tool and the use of Language Line.

Although we were impressed by the work of the reception team, there are still some issues to be resolved:

- the physical area remains unwelcoming and does not give the impression of a well-run organisation.
- the notice boards are out of date and scruffy.
- there is no information about the IMB available.

4.2 Suicide and self-harm, deaths in custody

Self-harm and ACCTs

The number of self-harm incidents has steadily increased over the reporting period and HMP Bedford has nearly the highest number in its comparator group, as shown on the two graphs below:

Figure 1: Self-harm incidents July 2021 - June 2022

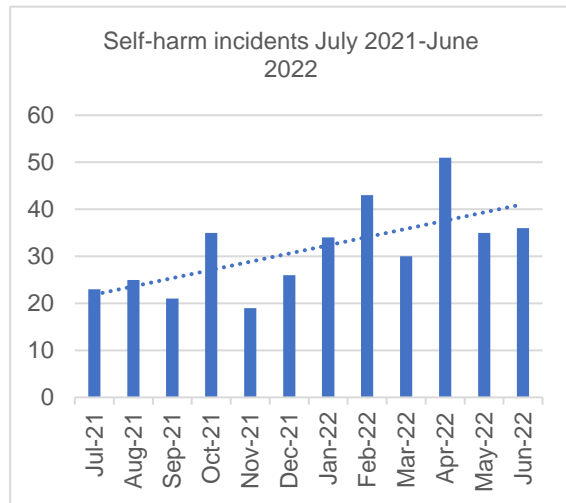
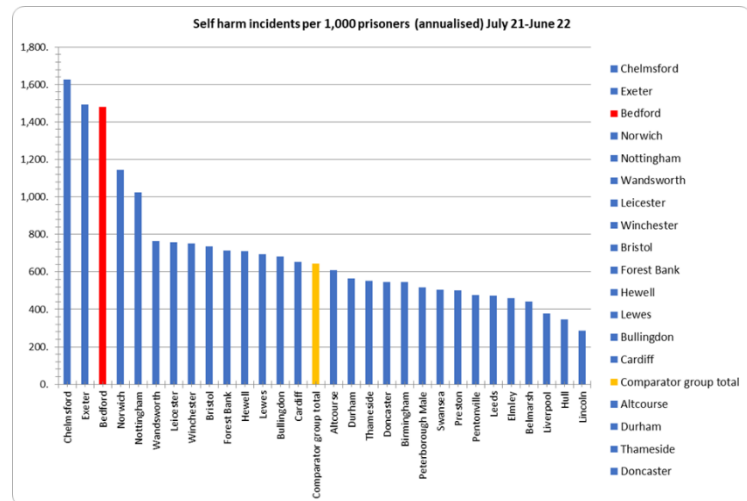


Figure 2: Self harm incidents per 1000 prisoners July 2021-June 2022



The reasons behind these figures are not clear but the explanations must lie in either the characteristics of the prisoners, or the ways in which they are managed in the prison.

Current prison population

We know that the figures for self-harming can be misleading, as each incident does not represent a different prisoner. In fact, there may be a relatively small number of prisoners involved. For example, in the last quarter almost 50% of the incidents recorded were attributable to just one prisoner.

The increasing number of remand prisoners may also be a factor, as remand prisoners are known to be at a higher risk of self-harm during their first few months in prison and some may also be experiencing the acute effects of drug withdrawal. This highlights the importance of work done in reception to improve the identification and management of new arrivals with high-risk characteristics. We have been encouraged by the work carried out in reception (as set out earlier in the report).

We also view very positively the establishment of a young adults' wing (described later in the report) and the approaches taken there to help these young people develop and mature. Many in the wing are on remand and new to the prison system, so early interventions are likely to reduce self-harming rates.

How are prisoners at high risk of self-harm managed in HMP Bedford?

The central mechanism, designed to reduce risk of self-harm in prisons, is the assessment, care in custody and teamwork (ACCT) procedure. This was developed in 2005, revised in 2018 and piloted in 2019, but implementation of the policy has been

patchy. There were criticisms by staff, and prisoners, that the process was boring, bureaucratic, and essentially a 'tick box' exercise. This led to several further revisions of the paperwork throughout the pilot process.

However, to our knowledge, there have also been few attempts to evaluate the effectiveness of the ACCT process and we could find no evidence that it has achieved (or failed) in its objective of supporting people at risk of self-harm. Given the amount of time and effort devoted to this process in almost every prison, this seems a strange omission.

In Bedford, implementation of the ACCT has had a rather sorry history. Last year we quoted a His Majesty's Inspectorate of Prisons (HMIP) report of March 2021: '*There were some serious weaknesses in the assessment, care in custody and teamwork (ACCT) process. Potential triggers for self-harm in individual cases were not accurately recorded and sometimes were absent*'. As a result, we undertook direct monitoring of the ACCT process ourselves and observed 12 reviews between 10 February 2022 and 4 May 2022. Several positive points and areas of good practice emerged:

- a major change had been implemented by the prison safety team in training a small group of care coordinators who took over the job of managing all the ACCT reviews
- these specialist care coordinators had volunteered to carry out this role and they conducted the interviews with sensitivity and compassion; quality had therefore been improved.
- these specialist care coordinators also replaced the need to have ACCT assessors, which made the whole process more robust and strengthened continuity.
- it also meant that much more time could be devoted to each individual prisoner as the care coordinators were not distracted by the myriad of other tasks that wing officers have to deal with.
- there was also good evidence from the reviews that the prisoner was encouraged to use other agencies in the prison for support, for example: work, education, gym, faith staff, Listeners and Samaritans.
- the presence of faith staff at the reviews was particularly helpful as they seemed to be able to offer personal support to prisoners quickly and with the minimum of bureaucracy.
- we were also impressed by the willingness of the care coordinators to involve family members, where relevant, in the ACCT process.

Despite this very positive progress, we identified some areas for further improvement:

- there were weaknesses in terms of collating the information and using it to provide an individual care plan which had clear implications for action. This was not helped by the layout of the form which left little space for care coordinators to summarise the prisoner's story and produce an individual formulation to guide further action,
- whilst mental health staff generally did attend the reviews, they seldom contributed much to the process of formulation and care planning.
- some of the staff did not always seem to recognise the significance of certain clear risk factors, for example first time in prison, early in the sentence or in a state of despair ('nothing left to live for').
- we also found that there was general confusion about prisoners labelled as having a personality disorder, with some staff seeming to think that this meant that the

prisoner was somehow 'faking' symptoms to manipulate staff and that nothing could be done to help them.

- although the interviewers were generally good at involving prisoners in the review process, they did not always begin by asking the prisoner their preferences for help (now and in the past).

Sometimes the prisoner may want to do things that are not possible; sometimes they may want to do things that are likely to make their situation worse. These challenges must be handled with tact and sensitivity. Care coordinators should be flexible and need good supervision, which currently comes mainly from the responsible governor. We feel this might usefully be supplemented by group support, perhaps by an experienced member of the mental health team, or an external facilitator.

In overall terms, we would conclude that genuine progress has been made by the prison in addressing and remedying many of the deficiencies in the implementation of the ACCT. We congratulate the prison for these achievements. Time will tell how much they affect actual rates of self-harm.

Deaths in custody

Incidents of self-harm, including those leading to death, are sadly common in prisons – and have become more common following the restrictions imposed on movement and activity associated with the outbreak of the Covid virus. The Ministry of Justice released figures on 27 January 2022 which showed that in the 12 months to June 2022 there were a total of 288 deaths of people in prison.

In Bedford, there were three deaths in custody in the reporting period July 2021 – June 2022. This is the same number as in the previous year. The final PPO reports have been received in two cases and the coroner's inquest completed in one.

There are two deaths that occurred in 2020 – 2021 where the inquests have not been completed.

4.3 Violence and violence reduction

Facts and figures

In last year's report we noted that, *'levels of violence at HMP Bedford are unacceptably high. The number of serious assaults, both prisoner-on-prisoner and prisoner-on-staff as proportion of the number of prisoners is the highest in Bedford's comparator group'*.

Unfortunately, this year little has changed – if anything it appears to be marginally worse.

The graphs below show that prisoner on staff assaults have continued to increase but that there has been a small downward trend in prisoner on prisoner assaults.

Figure 3: Prisoner on staff assaults June 2021-July 2022

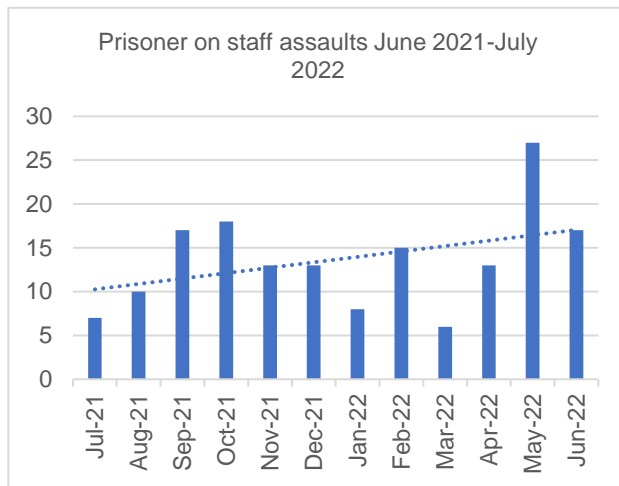
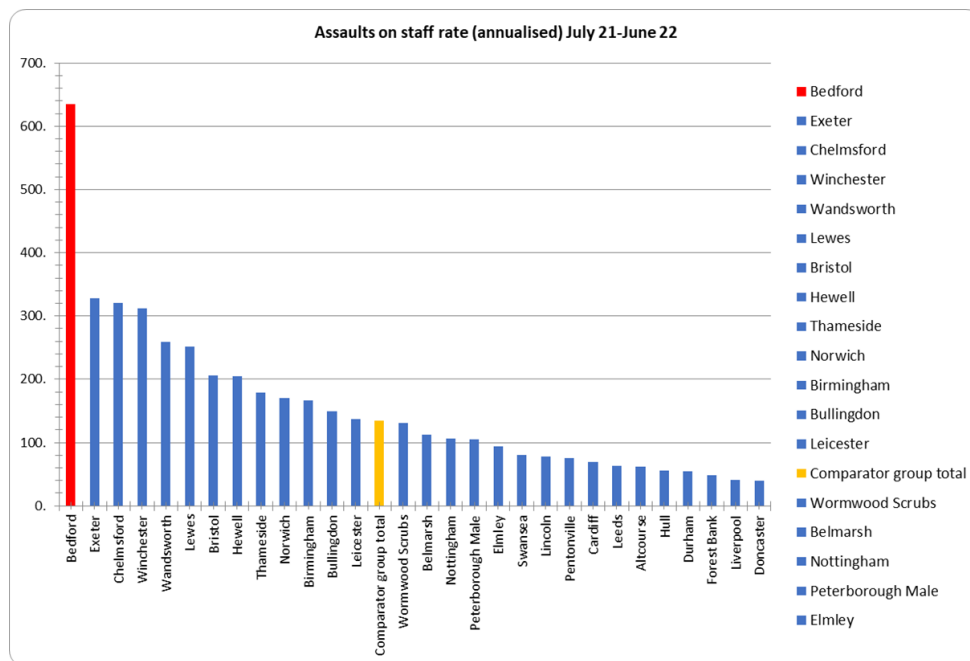


Figure 4: Prisoner on prisoner assaults June 2021-July 2022



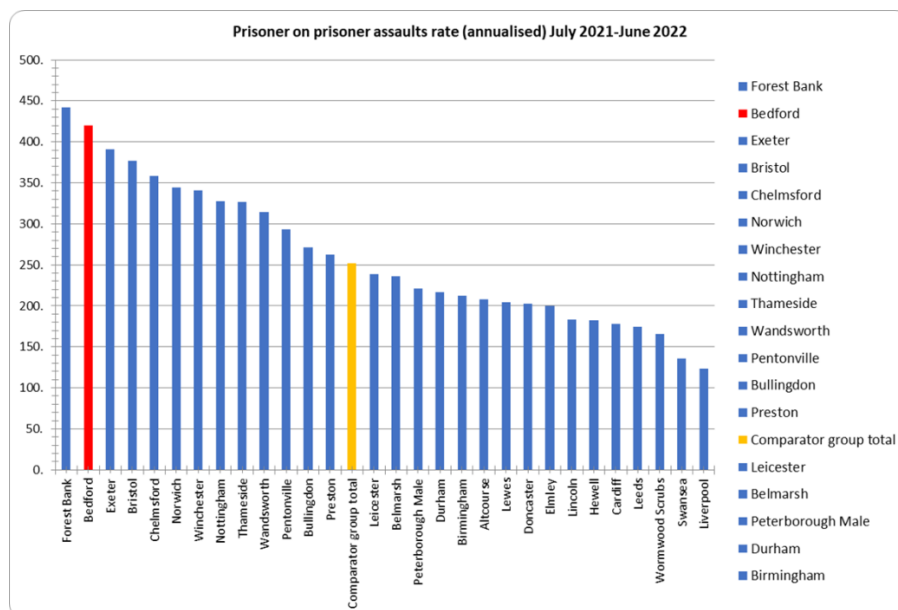
What is more illuminating are the data looking at Bedford in comparison with similar local prisons, as shown below:

Figure 5: Assaults on staff in relation to HMP Bedford's comparator group



It is clear from the graph that that there were hugely more assaults on staff in HMP Bedford than in the prisons that HMPPS has designated as its comparator group. Prisoner on prisoner assaults tell a similar story, although it is not quite as dramatic. It is also worth noting that they include all violence (both high- and low-level), some of which may be as a result of officers taking a firm approach to applying the prison's rules and expectations.

Figure 6: Prisoner on prisoner assaults in relation to HMP Bedford's comparator group



So, what do we make of these figures? On the face of it, they are alarming. They suggest that HMP Bedford is a dangerous and violent place for prisoners and staff alike, although that is not supported by our observations and experience during monitoring. In addition, concern about safety was not an issue raised in our prisoners' voice survey.

Could it be to do with the way in which the figures are collected? Although these data are supposed to be collected in the same way by all the establishments there could be differences of interpretation and recording between prisons. However, these figures are so unusual we do need to look for other explanations.

We have had several discussions with prison staff about this to try and understand the factors that make Bedford unique in relation to violent incidents. Again, two key factors were identified:

- the people: the characteristics of prisoners at HMP Bedford including age, gang membership and whether sentenced or unsentenced.
- the place: the physical fabric of the jail, the skill and experience of officers and the processes and organisational arrangements for managing violent prisoners.

Current prison population

What we can see from the graphs of violence is that, although there are overall trends, there is significant variation month on month. As with self-harm, we know that this is attributable to the impact of a relatively small number of individuals. So, has anything changed in the kinds of prisoners now accepted which would account for these raised levels of violent incidents?

One obvious factor is the increase in remand prisoners – the percentage of unsentenced prisoners at HMP Bedford has increased from 25% in 2014 to 75% at present. That is an increase of 300%. We do not know the proportion of remand prisoners in the prisons that form HMP Bedford's comparator group but, for example, the recent IMB report for HMP Nottingham (a similar category B reception prison) said that it has around 30% of remand prisoners.

The association between remand status and increased risk of violence (and self-harm) is well established and so if the proportion of remand prisoners has increased more in HMP Bedford compared with the other prisons, then this may have contributed to the increased rates. Several staff have also commented to us that they think that there are more individuals with serious mental health problems coming into prison on remand who would be better placed in specialist psychiatric facilities. In most cases the prison has no option but to accept them.

This highlights the importance of identifying those violent individuals where their violence appears to be related to their mental state and beginning the process of applying for them to be detained under the Mental Health Act (commonly called being 'sectioned') They can then be transferred to a specialist NHS psychiatric facility where they can receive appropriate treatment. The earlier this process is started, the earlier action can be taken.

How are violent prisoners managed in Bedford?

In our experience, staff generally know who the violent prisoners are. A lot of effort goes into trying to find ways of reducing the violence through joint meetings and through challenge, support and intervention plans (CSIPs). There is no question that the prison takes this issue seriously. But despite all the attention and time consumed by these individuals, the prison seems unable to come up with management plans that reduce their violent behaviour, and it usually only subsides when they are moved on.

As with self-harm, we believe that the prison should look at these meetings with a view to improving the efficiency and clarity of decision-making. It also needs to ensure that all the members of staff who are likely to meet these individuals are aware of any agreed management plan. The effectiveness and role of the mental health team in this connection is also crucial.

Overall staffing levels are important, as is the balance between experienced and inexperienced staff on the wings. It can be very difficult for new officers to know how to handle, and defuse, potentially violent incidents. This is an area where proper training and mentoring is important, but the loss of experienced staff makes mentoring more difficult. We have said in many of our previous reports that involving prisoners in training could have beneficial effects. They also have a vested interest in reducing violence and have unique knowledge.

The final factor that may contribute to the high levels of violence in HMP Bedford is the most difficult to change – it is the physical environment of the prison. HMP Bedford is an old jail, it is small and overcrowded, with prisoners and staff working and living in very close proximity. This increases the risk of 'contagion' (copycat) incidents and makes it more difficult for staff to treat prisoners individually.

Summary

To summarise, the figures on the number of violent assaults in the prison give rise to significant concerns. However, we are not sure how to interpret them correctly. There are several possible explanations, and it is difficult to decide which is most important. This requires more work to identify the most important factors and then exert some leverage to bring down the figures.

4.4 Vulnerable prisoners, safeguarding

Vulnerable prisoners are accommodated on a separate wing (F wing), which houses 30 prisoners. Many have been convicted of sexual offences. The wing has its own education facilities and workshop; there is a food server and a delivery point for medications. Prisoners are also able to use the gym and library facilities, at designated times. These arrangements mean that they do not have to mix with other prisoners on the main wings.

The wing has benefitted from having a new custodial manager (CM) who is now in charge and who has introduced several initiatives. One example of this is allowing prisoners to eat together in the outside exercise area, where there are some benches – this may seem like a small thing, but otherwise prisoners have their meals in their cells. Prisoners have told us that they appreciate the work that the new CM is doing.

We received very few applications from prisoners on F wing over the last year, and no specific issues were raised by wing representatives at the Covid-19 peer mentor meetings we attended. We therefore remain of the view, expressed in previous reports, that vulnerable prisoners are safeguarded well while on F wing.

4.5 Use of force

There will be occasions where force must be used to maintain control or to manage a difficult situation. However, it should be applied proportionately and fairly. It also should be used only as the last resort. It is easy for force to be used too routinely, particularly by inexperienced staff.

The number of times use of force is applied at HMP Bedford is relatively low – for example in February and March, only 11 incidents were recorded. This would suggest that, by and large, staff are able to manage prisoners through lower-level interventions, which is to their credit.

We sat in on several use of force meetings, observed the body-worn camera footage and listened to the discussions. Our general conclusion is that when officers are required to use force, they do so appropriately. Staff are generally well-trained and well debriefed following incidents and learning points are clearly identified

4.6 Preventing illicit items

The normal way in which the prison understands the level of drug use by prisoners is through random mandatory drug testing (MDT). However, this stopped during changed regimes because of Covid, and has only recently restarted. The prison currently is not able to provide any information from the tests that have been carried out, so we are unable to make any numerical assessment of the amount of drugs within the prison.

However, anecdotal evidence suggests it is less than in previous years. We rarely smelt drugs being used and the drug rehabilitation team said that their experience is similar. In addition, that team has rarely had to report a prisoner for being under the influence, whereas before Covid it was quite common. Although these are good indicators, it could also be that prisoners are better at hiding their usage.

Drugs, phones and other contraband continue to be found within the prison. This may be in the form of throwovers, random or intelligence-led cell searches, or via a scanner machine. However, our analysis of the daily report sheets suggests that there were fewer finds than last year.

Whilst these indicators suggest that HMP Bedford is having some success in reducing the amount of drugs coming into the prison, only random testing will be able to confirm the extent of usage.

4.7 Escape

It is very unusual for this section to appear in an annual report, as an escape from prison is a very rare event and certainly has not occurred at HMP Bedford in many years. However, a prisoner did escape in July 2022; he was recaptured within a few hours.

The prisoner left from the visits centre, although the exact circumstances are still being investigated. Currently, we are not able to comment further but, from what we do know, it seems to be related to an unusual set of circumstances and does not represent any inherent failure of prison security.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Accommodation and clothing

In terms of providing a basic clean, safe environment, Bedford is constantly challenged by its Victorian infrastructure. Many areas need modernisation (for example, replacement of windows) and there are often problems with the plumbing, especially when it has been deliberately damaged (which happens quite often).

New furniture has been introduced on the wings including sofas and tables. This seems to have led to a quieter environment where prisoners can sit and talk without having to stand and shout. There is now an outdoor eating area in the much-improved F wing exercise yard. Also, in F wing, the former workshop area has been transformed into a relaxed seating area with library shelves, TV and eating space.

There is an ongoing programme of replacing windows and upgrading the heating. Extra fans were provided for the recent extreme hot weather. We are pleased to say that the rodent problem is much improved, although we occasionally have had complaints of cockroaches in F wing.

The prison runs on forms – to do pretty much anything a prisoner needs to fill one in. Yet they are poorly presented and availability is patchy. On a recent visit to D wing not one form was out on the wing and prisoners had to go to the wing office and ask. This is not something that a prisoner would necessarily be keen to do, especially if he wants to make a complaint.

Even when forms are completed, there is often a lack of response, leading to suspicions that the form has been lost or deliberately delayed. An electronic system would help overcome this, but we do recognise that its introduction is difficult within the physical constraints of buildings.

We receive very few, if any, representations about the availability of clothing or of basic cleaning and hygiene items. This is a vast improvement from a few years ago. The laundry appears to be well-run.

Food

After many months of planning, the change in mealtimes happened on 1 July 2021. The main meal is now served in the late afternoon. This has been a difficult period with the absence of the kitchen manager for many months. Staff are to be congratulated on keeping the ship afloat and rising to the challenge of the change in routine.

The budget continues at around £2 per day per prisoner. Food supplies and deliveries are not reliable and costs are escalating. In addition the selection offered by the provider the prison is required to use is limited. This does make it difficult to provide food that is both nourishing and appetising. Some prisoners prefer to buy pot noodles and heat them in a kettle rather than eat the provided food.

Our assessment of meals at the prison is:

- they appear to be wholesome and nourishing.
- servings are of an appropriate size.
- there is variety and different diets are catered for.
- the ingredients are low-quality and the taste is often unappealing.

Young adult unit

We highlighted in our last report that although the prison is designated HMP and YOI Bedford, there seemed to be few focussed initiatives in relation to the YOI (young offenders institution) responsibility. We are pleased to report that the situation is changing.

On 16 June 2022, the prison opened a young adults unit on E wing. It accommodates prisoners in the following age categories:

- 18-21; and
- 22-25

Whilst both groups are accommodated on the wing, cell sharing is by group only (that is 18-21s can only share with those of the same age group and the same for 22-25s). The wing has 41 beds but there are normally between 80-90 young adults in the prison. The intention is that young adults new to the prison will go straight to the unit and complete an eight-week programme before going onto the main wings.

That programme is known as STRIDE and comprises the seven 'treatment pathways' in reducing reoffending. These are:

- relationships and family
- education/training/skills
- finance
- emotional wellbeing
- mental health
- attitude/thinking
- drug use and addiction

The programme is delivered daily through in-house services, such as education and drug support, as well as external stakeholders. For example, the SALAM project has provided sessions on employability, gang culture and adulthood.

The unit is staffed with 14 officers who received specialist training in trauma informed practices which enables them to understand how trauma and adverse childhood experiences can shape behaviour and what can be done to counteract that.

It is too early in the operation of the wing to judge its success, but the early signs are encouraging with a decrease in violence and an increase in the number of prisoners remaining at an 'enhanced' level of the incentives scheme. Certainly, if the motivation, focus and understanding shown by the leadership in the prison and the manager of the unit is anything to go by, it will be an exemplar of the positive management of young prisoners. We certainly hope so.

5.2 Segregation, special accommodation

Nothing really has changed. The care and separation unit (CSU) has not been relocated and remains in its underground location. This is a horrible place for both prisoners and staff. Somebody might be on a dirty protest, so a smell of faeces permeates the air, or prisoners may be banging on their cell doors and shouting. Recently, one prisoner had to have three officers in full riot gear permanently stationed outside his door ready to intervene should he start self-harming or smashing up his cell.

In these circumstances, we continue to admire those who work in that environment, and we have seen many examples of thoughtful and caring interactions with prisoners. However, we are concerned that the reasons for prisoners being in the CSU are not always fully understood by either prisoners or, at times, staff.

Work to relocate the segregation unit to B wing from the current location began in April 2022. The estimated date for completion and handover to the Governor is March 2023. We very much look forward to this happening.

The main reason that prisoners are put in 'the block' is that they have been removed from their normal location for 'the good order or discipline' of the prison (known as GOoD). Although this may be the result of a disorder it is not, or should not be, a punishment. There is a process for imposing a punishment, which is via an adjudication.

Prisoners who are moved to the CSU for GOoD must have a review after 72 hours and should be returned to their normal cell as soon as possible – that is, when they are no longer a risk to the good order of the prison. At their review, it should be explained to them why they are in the CSU and what they need to do to be able to return to the main wings. Despite the efforts of the governors running the reviews and the officers attending, our observations are that these messages do not always get across.

We have sometimes witnessed confusion among prisoners – and some staff – about whether or not placement in the CSU, in itself, constitutes punishment. If it is simply to restore good order, then it is not. To impose a punishment there has to be an adjudication, where the prisoner can respond or bring evidence, or get other prisoners to speak to support him. If he is found to have committed an offence then a punishment can be imposed, which can include cellular confinement (normally spent in the CSU). Staff need to ensure that everybody appreciates this distinction.

During the reporting period 10 prisoners were kept in segregation for more than 42 consecutive days. The appropriate authorisation was given in each case.

5.3 Staff/prisoner relationships, key workers

Staff/prisoner relationships

It is fair to say that staff/prisoner relationships are mixed. We have observed some good interactions on the wings and in formal settings, such as ACCT reviews. There were also some positive comments from our prisoners' voice survey, for example *'wing staff I feel are very good. They are doing the job but they do make time to talk and can be very pleasant'*.

However, most of the feedback in the survey was negative – ‘not helpful’, or ‘very unhelpful’ being the comments made most often. The following quote probably sums up the feelings: *‘very hard as you have lots of different answers from officers. Nothing is consistent - frustrating. I feel officers are aggressive and don’t have the patience to listen’*.

Wing officers are the people who prisoners interact with most often. They are the people who prisoners ask for help or information or to chase something up. But these officers are very busy and even if they intend to deal with a matter that a prisoner has raised, they do not always have time to do so. It is complicated by the shift patterns and staff shortages, which means there is a lack of consistency about who is on the wing.

All this leads to frustration and a sense of injustice, which can result in self-harm and even suicide attempts. Below are two extracts from the prison’s daily briefing sheets, which illustrate the point.

‘At approx. 22:45 hours Oscar one attended a cell bell which is occupied by Mr G and Mr H. Mr G was standing on a chair with a noose tied around his neck and attached to the light fitting. Oscar one asked for staff to attend and started to engage with Mr G as to why he was doing what he was at the time. Mr G stated he was cold and nobody was taking him seriously and it was making him think about ending his life. Oscar one asked Mr G to remove the ligature from around his neck and come and talk to him at the door. After a few minutes Mr G removed the ligature and came to the door as asked. Staff arrived and Oscar one and the staff entered the cell to talk to Mr G as he was clearly upset. While in the cell it was noted to be very cold and there was no heating at all. Mr G stated it had been like this for two days now and even though they had both asked why, nobody could give them an answer’.

‘At approx. 18:30 staff responded to Mr D cell bell, he was stood at the back of the room with a ligature around his neck stating that he wanted a phone call or he would jump. Staff talked him down entering the cell and removing the ligature. On speaking with Oscar 1 he explained that he was frustrated at his treatment at Bedford, and explained that he has been missed for meals, not had an induction, and has not been able to make a call’.

These two particular incidents are consistent with many of our observations.

Key workers

The key worker scheme is intended to overcome some of the difficulties of engaging with wing officers, by providing a nominated key worker for each prisoner who will spend at least 45 minutes with them each week. The primary purpose is to help prisoners through their sentence plan, which is part of the offender management in custody (OMiC) scheme. It also gives a regular contact person where other issues of concern can be raised.

The key worker scheme was suspended during the Covid recovery stages and has yet to be fully implemented due, we are told, to continuing staff shortages. In our view this is a great shame – if fully working the scheme might have been able to reduce the likelihood of some of the violent and self-harm incidents occurring.

Much of the personal interactive work of the key workers is taken up by the chaplaincy, when they are able.

Staffing numbers and availability

For some years now the prison, along with many others, has struggled to attract and retain sufficient staff to provide all the necessary security and operational services. Currently there is a significant shortage of what are called operational support grades (OSGs). Whilst these employees are not prison officers, they are uniformed staff who carry out a range of essential tasks such as security on entry, running the visits centre, operating the control room, being in reception and managing prisoners' property. If there are shortages in OSGs, then these functions must be done by prison officers, which means they have less time on the wings.

The result of this is often a restricted regime and longer time in cells for prisoners. For example, in May and June 2022, a reduced regime was provided on a quarter of the sessions (a session being half a day).

The following extracts from our prisoners' voice survey illustrate the impact that this has had: *'you need to give prisoners more time for socialising. We are not murderers who are locked up 23 hours a day'; 'hire more staff and do daily regime proper. Because we are getting banged-up, they say they are under-staffed'; and 'the new regime is not good as I don't have time to get any applications or showers in peace'*. Half of the respondents in the survey said they have not seen any improvement in the regime after the Covid restrictions ended.

5.4 Equality and diversity

The diversity and inclusion (D&I) manager has continued to work very hard through this reporting year to improve processes and procedures within the prison. There has been effective use of the equalities monitoring tool (EMT) to understand the breakdown of the prison community in terms of ethnicity, race, age, disability and religion and identify areas of concern.

For example, a snapshot in October 2021 showed:

- young adults (18-25) = 28% of the population.
- 50+ prisoners = 7.6% of the population with this figure increasing. The eldest prisoner was 80.
- Black, Asian and minority ethnic prisoners = 56.48%. This is much higher than the local community which is 28.4% Black, Asian and minority ethnic.
- Islam was the highest recorded religion at 30%.
- there were 76 foreign nationals, spanning 28 nationalities. Five prisoners were held under Immigration Act powers, having served their criminal sentence.

The Home Office used to run weekly surgeries offering information and advice but these are not now happening. We have been assured that this will not mean that foreign national prisoners are being left without proper support but we will assess whether this is actually the case during the coming year.

We have generally been impressed by the large amount of information that is gathered, analysed and discussed at the monthly D&I meetings and we have seen evidence that this has led to positive action.

An example of this is the improved quality of the diversity-focused complaint system, discrimination incident reporting forms (DIRFs). In the autumn of 2021 the number of DIRFs was reducing but, rather than simply celebrating this as a 'win' for the prison and leaving it at that, an investigation took place to make sure that this was really the case and not due to inaccurate reporting/recording. This showed that the number of general complaints with D&I elements in them was actually going up against a background of reducing general complaints. Common themes were identified, and discussions had with the prisoners concerned to see how better practice could be introduced. This was a good example of using data and looking behind it to see what it really revealed about processes in the prison. We would welcome more examples of this kind. Too often data are collected and either not used at all or interpreted only in terms of their apparent face value.

The D&I manager also continued to work closely with external partners, including the Zahid Mubarek Trust (<https://thezmt.org>), implementing the Prisoner Equality Advocates Project. This project aims to improve the treatment and outcomes for prisoners from ethnic minority backgrounds. The project recruited nine prisoners who undertook various training modules plus conflict resolution training. The last part of the course was completed in June, followed by a formal graduation with family on site in July.

The prison continues to promote different protected characteristics each month. For example, Black History Month was celebrated last October with, amongst other things, a rap writing competition and several quizzes. However, whilst there has been some really good work around protected characteristics and positive changes coming from the top down, the IMB has picked up complaints from prisoners about ongoing racism from officers on the wings. When asked if they have completed a DIRF, prisoners often retract their complaints or show a complete lack of faith in the system believing that, if they do make a complaint, they will suffer negative consequences. This lack of confidence in the system needs to be addressed.

In addition, we dealt with a complaint from a disabled prisoner in a wheelchair who was told by an officer that he was not 'disabled enough' and that he was going to be moved out of his disabled cell. This caused the prisoner great distress and worry as it was the only cell where he could access the shower and toilet. The situation was dealt with satisfactorily in the end, but it shows there is still work to be done.

This also illustrates the fact that the facilities for disabled people in HMP Bedford are woefully lacking and as it deals with an ageing prison population, more cells will need to be adapted for disabilities.

5.5 Faith and pastoral support

The chaplaincy team continue to provide an excellent service to both prisoners and staff. They not only lead collective worship for Muslims and the various Christian denominations but provide pastoral support for all prisoners, always being there to offer comfort at times of distress or crisis. The psychological value of this work often goes unrecognised.

It is hard to overstate the positive impact of the faith team and their considerable contribution to prisoner wellbeing. They have earned the trust and respect of prisoners and staff alike and are to be commended for their skills and dedication.

As noted in our last two annual reports we are disappointed yet again to report the difficulties prisoners have in attending services, particularly the Church of England service on Sunday mornings and the weekly Catholic Mass on Monday afternoons. Prisoners complain that they often miss these services owing to delays in being unlocked, or not being unlocked at all. This is not acceptable

5.6 Incentives scheme

The incentives scheme is one of the prison system's core mechanisms for encouraging and rewarding good behaviour, whilst having something to take away for poor behaviour. HMP Bedford works within the national incentives scheme using the three incentive levels of basic, standard and enhanced. It also uses a super enhanced level known as 'responsible citizen'.

Under the scheme, all prisoners are expected to follow individualised targets (remand prisoners) or purposely designed sentence plans that will map and outline progression whilst in custody. These will enable prisoners to attain enhanced status or remain at it. On the other hand, a misdemeanor can result in the loss of privileges through the downgrading of a prisoner's incentive level.

The table below indicates some of the key privileges that are associated with each incentive level. It is not comprehensive but, arguably, these the most important privileges.

Figure 7: Privileges and rewards

Privilege	Enhanced		Standard		Basic	
	Convicted	Remand	Convicted	Remand	Convicted	Remand
Levels of private cash prisoners can access	£30	£60	£18	£55	£5	£25
Visits per 28 days	2x2 hours + 3 additional visits + access to family days on an individual basis		2x2 hours + 1 additional visit + access to family days on an individual basis		2x2 hours	
Time out of cell	At least 30 minutes' access to fresh air per day 45 minutes' domestic period per day Minimum of 3 x periods of structured on wing Activities (SOWA) per week		At least 30 minutes' access to fresh air per day 45 minutes' domestic period per day		At least 30 minutes' access to fresh air per day 1x shower and domestic period per day (to be done separately to the rest of the wing)	

It should be noted that preventing prisoners on basic level from accessing family days is not part of the national incentives policy framework. It is interesting to compare the levels of private cash prisoners can access for prisoners with what things cost in the jail:

- phone calls: calls on the in-cell telephone cost £1.40 for 20 mins to a mobile. A prisoner who likes to keep in daily touch with his wife and children and occasional calls to his parents might, typically, spend £30 per week on phone calls. Even for an enhanced prisoner, this is all their money.
- boxed sets: in the prison cost £55.00 – in Asda £5.00
- games: in prison cost £70.00 while they can be bought outside for £50.00
- six large bottles of water: from the canteen cost £6.00.

In addition, items such as vapes, biscuits, tea or coffee can be bought from the canteen on a weekly basis.

Prisoners can get additional money through working (although there are limited jobs available) and money sent in from the outside can be made available to prisoners in small amounts, dependent on their incentive status.

Nevertheless, it is apparent that, even for enhanced prisoners, managing their money to be able to afford what might be considered basics can be a challenge. If a prisoner is on standard level, they will have limited money from the outside. The consequence is that they would struggle to have enough money even to make telephone calls to their family and may get into debt with other prisoners. And this can start a downward spiral ending in violence and self-harm.

Ideally, if the incentives scheme is operated properly, and the prison has in place supporting mechanisms and cultures, there will be an increasing number of prisoners who have attained enhanced status and remain on it. In this regard, it is pleasing to note that Bedford has nearly 40% of prisoners at enhanced status, which is a significant increase on a year ago, when it was around 25%.

5.7 Complaints

Unfortunately, the prison appears to be going backwards in its performance on answering complaints, as illustrated by the two graphs below:

Figure 8: Complaints answered within five days - this year

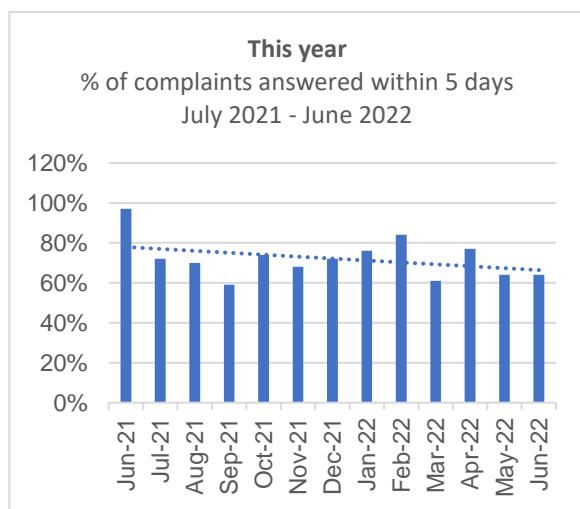
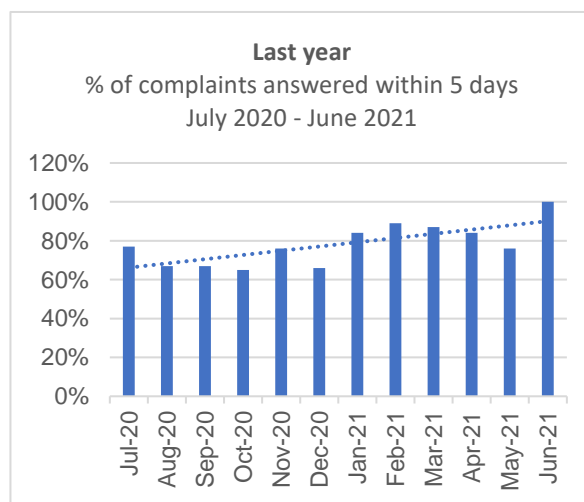


Figure 9: Complaints answered within five days - last year



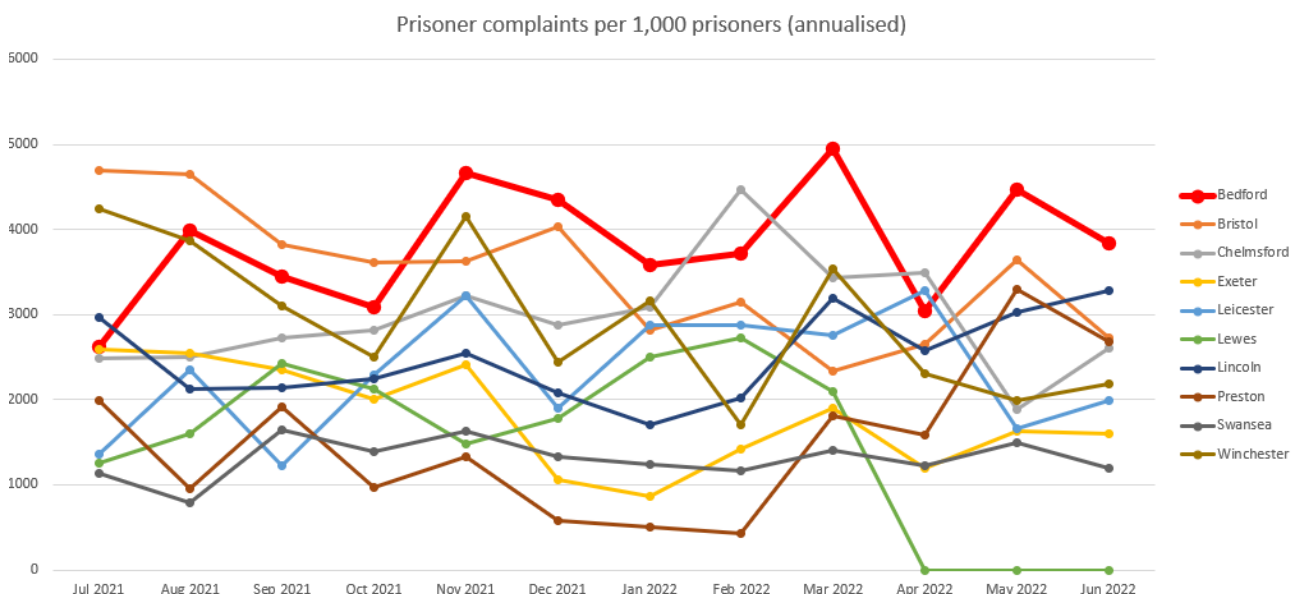
Currently only 60% of complaints are replied to on time. It is unclear why this has happened, but it is not satisfactory. These figures reflect what prisoners are telling us, either in person or through their applications to the IMB – they can wait weeks for a response and many have lost confidence in the system.

In addition, there does not seem to be any attempt to match any response to the language of the sender. We had a recent case where a Romanian speaker could not understand the response that was sent to him in English, yet we found it easy to translate it into Romanian using free online services.

The performance information does not include healthcare complaints. The healthcare department has its own quality control and reporting system, but this is an internal mechanism and does not report into the prison system. While we understand the need for medical confidentiality, it is confusing to prisoners as to which complaint system should be used, and when. The prison's complaint system guidance for prisoners makes no reference to healthcare complaints. In our view, the performance figures for complaints should include those to healthcare.

Finally, it is worth noting that HMP Bedford has a high level of complaints compared with its comparator prisons, as shown on the graph below:

Figure 10: No of complaints in relation to comparable prisons



The reason for this high level of complaints is unclear and, as far as we know, has not been explored.

5.8 Property

We are pleased to say that we have at last seen an improvement in the way property within the prison is managed. This is the result of better process and good management and leadership within the reception team. Fewer than 10% applications to the IMB were about prisoner's property within the prison, which is a significant reduction on those of previous years.

However, there remains a significant issue of property transfer between prisons – this represented nearly a quarter of applications to the IMB. There are several reasons why prisoners get separated from their property including:

- being transferred from court when they expected to go back to the prison they came from
- transfer with very little notice and no time to pack up
- having more sacks of property than the carrier's contract allows for

Whatever the reason, prisoners find it very hard to get their property back and often end up coming to the IMB. This is not necessarily the fault of HMP Bedford – when a prisoner puts in a complaint on this matter, the complaints clerk will email the original prison but, despite chasing, often gets no response. There is no inter-prison protocol for replying, there seems to be nobody responsible for resolving the matter and, frankly, it seems the whole prison system cannot really be bothered to ensure that prisoners are united with their property.

The receipt of parcels from the outside is also a source of confusion. To get items sent in, by friends or family, firstly a list of the items must be approved, and a return address given. The incoming parcel is checked against the approved list and if there are any variations the whole parcel gets returned. However, it is nobody's responsibility to tell the prisoner that this has happened, so they do not know if it has simply not arrived, was not sent or was returned for some reason.

Catalogue buys continue to be a problem, as organisations such as Argos no longer support multiple paper copies. In addition, items seem to go astray, especially the sought-after Xboxes and stereos. Prisoners have approached us about items that have been purchased, paid for and never received. The prison has been reluctant, or unable, to address the issue and the prisoner may have to wait months to get his money returned. More concerning is quite how these things go missing and what is happening to them. We believe that whenever this happens it should be thoroughly investigated.

Below is an extract from an application to the IMB that typifies the problem:

'I have spoken to near enough the whole staff in the prison for the last couple of weeks, CMs, SOs, wing staff, delivery/reception/DTS staff/dog handlers to get answers. I have put in general apps and get no response.....I've done Comp 1 forms.....I have ordered the same LG sound system (as others) and it has been accepted, money taken out and ordered but I am six weeks later without it.....Can somebody do something about this? Nobody is giving me an answer or response. It is causing me stress'.

6. Health and wellbeing

6.1 Healthcare: general

The healthcare services at HMP Bedford are currently provided by Northamptonshire Healthcare Foundation Trust (NHFT) and comprise: a substance misuse service, including psychosocial services subcontracted to Westminster Drug Project (WDP); mental health services; pharmacy services (in conjunction with Lloyds); and primary care services, together with an inpatient unit. In addition, outpatient clinics are provided for dentistry, physiotherapy, podiatry and eyecare.

The healthcare and mental health teams are in separate areas of the prison. It has long been acknowledged that better service delivery would be facilitated if they could work alongside each other on a daily basis. It is disappointing that this has not happened, despite being highlighted in our annual report last year.

6.2 Physical healthcare

As in our previous report, we commend the healthcare team for their efficient and effective management of the Covid outbreaks. This minimised the spread and with no serious illness or fatalities as a result. Over the reporting period 212 prisoners tested positive for Covid.

Despite a prolonged campaign by the prison to encourage Covid vaccination it is disappointing that only 40% of prisoners took up the opportunity.

Waiting times July 2021 – June 2022

The figures in the table below show a considerable improvement on waiting times from the last reporting period and represent a good quality of healthcare service to prisoners. The benchmark has always been that prisoners should receive a service at least on a par with that in the community.

Figure 11: Waiting times

Clinics	July '21	Aug '21	Sept '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22	March '22	April '22	May '22	June '22
GP (days)	6	7	5	6	7	6	6	6	6	5	5	9
Dentist (weeks)	4	4	4	4	6	4	4	6	6	6	5	5
Physio (weeks)	6	6	6	6	4	4	4	4	4	4	4	4
Podiatry (weeks)	4	4	4	4	8	8	4	4	4	4	4	4
Optician (weeks)	11	7	2	2	6	2	3	4	5	2	3	2

Clinics	July '21	Aug '21	Sept '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22	March '22	April '22	May '22	June '22
Mental health screening (days)	3	5	4	5	5	7	5	3	4	3	3	2

Missed appointments (%) (doctor and dentist)

The percentage of missed appointments remains high, as shown in the table below. The most common reason for missed doctor's appointments is given as 'not collected/no time'. There is another consequence of the staffing levels and reduced regime referred to earlier in the report. However, in general dental missed appointments score zero under this heading. Most dental appointments are missed either because the patient declined or are recorded under the heading 'unable to unlock/sick in cell/lockdown'. There is no apparent reason for this disparity.

Figure 12: Missed appointments

	July '21	Aug '21	Sept '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22	March '22	April '22	May '22	June '22
Doctor	20	29	36	27	31	28	28	27	30	24	12	26
Dentist	16	26	30	31	37	27	38	19	34	25	27	38

What this means is that whilst healthcare may be able to offer an appointment in reasonable period of time, it means absolutely nothing if the prison is not able to arrange for the prisoner to get there.

Patient engagement

NHFT is registered with iWantGreatCare to monitor its patient satisfaction surveys. Bedford scored, on average, 4.37 out of a possible total of 5.00, which is on a par with the scores for the last reporting year. But monthly returns were very low until the last three months of the reporting period, so this figure may be unreliable as a general statistic.

While the figures would appear to show a good level of satisfaction, there is some mystery surrounding how the score is calculated. A more transparent system, like a modified version of the NHS Family and Friends Test, would give better information that could inform future practice.

Bedwatch hours

When a prisoner has to go to hospital and stay overnight security has to be provided by prison. This is called bedwatch. During the reporting period there were three months when the bedwatch hours were particularly high: October 2021 – 157, May 2022 – 295 and June

2022 – 138. This was partly attributable to a prolific self-harmer who repeatedly had to be admitted to hospital to treat his self-inflicted wounds.

Bedwatch represents a significant challenge to healthcare and the prison in terms of its effects on general management of the individual prisoners and providing the manpower to give 24-hour cover.

6.3 Mental healthcare

Context

Mental health problems are very common in prison. Various studies have estimated that approximately half of prisoners experience levels of anxiety and mild/moderate depression (common mental disorders) and up to 10% have severe psychotic conditions (depression, schizophrenia). If those with personality disorders, or where the primary problems are related to drug dependency, are included this figure rises to 70%-80% of prisoners suffering with some kind of mental health problem. This compares with 20-30% of the general population consulting their GPs with common mental health symptoms over a year, so mental health problems in prisoners are around three times more likely than in the community.

The resulting huge demand – both in terms of numbers and severity – is completely out of balance with the mental health resources available in prisons to provide a level of care equivalent to that which would be present in the community. This is the situation in most prisons up and down the country and HMP Bedford is no exception. We have noted its effects in our annual reports over several years.

The biggest impact for prisoners is probably the delays in seeing a member of the mental health team. For example, in this year's prisoners' voice we had these comments *'I have mental health issues and this prison does not help at all in any way. They always have an excuse not to. They are not discreet with issues either'; 'I suffer from depression, ADHD and PTSD. It was a three week wait until I saw somebody' and 'mental health access in Bedford is appalling, slow and inadequate. Healthcare is generally good'.*

We recognise that this presents mental health managers with an invidious decision: they must choose between different kinds of human misery and decide who is most deserving of attention. However, we do wonder if those resources that are available are being used in the best way possible, in particular whether there is too much emphasis on one-to-one interventions. Other alternatives are available, for example:

- greater use of digital support for prisoners to help them manage their own conditions better
- greater use of group work for prisoners with mild/moderate conditions
- reviewing whether the time spent on highly bureaucratic and 'time-heavy' procedures for assessing new referrals is the best use of resources, when only around 20% are accepted
- undertaking more training of officers 'on the job' so that prisoners with mental health problems could be identified earlier

We have made these suggestions before, but there has been little progress.

It should also be noted that these problems of how the mental health team chooses to deploy resources are not ones which they have to face alone. In our discussions with the Governor, he is very open to examining, with the team, which aspects of their work are most important to him and how he would wish them to prioritise their time.

The 'stepped care' model

There are very similar – though not so acute – problems of balancing demand and supply of mental health services in the community. For almost 20 years, the solution has been to adopt a 'stepped care' model. This attempts to match the level of intervention with the severity of problem, using cost-effective treatments of common mental health problems at a primary care level.

Essentially, it consists of setting up two levels of care: (a) psychological wellbeing practitioners who deal with common mental health problems and (b) high intensity, fully trained therapists who deal with those with common mental health problems who do not respond to initial treatment and those with more severe conditions which pose a risk to themselves or others.

This model has proved very useful in providing rapid, cost-effective interventions for people with common mental health problems and in protecting the time of the most experienced, senior staff to devote to the most severe problems. Would it work in prison?

We recognise that there are a number of obstacles to implementation of this model in prison – overall shortages of staff and facilities are the obvious ones, but we would encourage the Governor and the mental health team to see if progress could be made toward implementing this kind of approach.

Personality disorders

There is one group of prisoners with mental health problems that take up a disproportionate amount of time and anxiety of officers and professionals alike: these are those who receive a label of personality disorder. This term leads to considerable confusion among prison staff (and some mental health staff) about what it means, how to respond to it, and whether it is possible to offer such individuals any meaningful help.

Personality disorder is an umbrella term for severe, long-standing behavioural and emotional disorders that are formed in early childhood and are often associated with parental neglect and abuse. These often result in difficulties in controlling emotions ('emotionally unstable' personalities), which pose difficulties for staff in treating and managing these individuals.

We have seen a number of these very challenging men in the prison over the last year in ACCT reviews, CSIP planning meetings and referrals to the CSU. They are often prolific self-harmers, and sometimes also violent to staff. Staff, usually in conjunction with the mental health team, have tried to manage their behaviour, but often with little effect. We have seen prisoners being reviewed time and again, going to hospital have their wounds treated, only to return to prison and begin the cycle again.

Treatment and management are both difficult and often fall to staff – prison officers and mental health staff – who have little training in how to deal with these individuals. We have actually been very impressed by how well staff have coped looking after these people who

have suffered in terrible conditions and congratulate them for their patience and professionalism.

Nevertheless, we believe that the standard of care for these prisoners in HMP Bedford is unacceptable. We think that the least the prison should do is to identify quickly those in most need and begin the process of referral to NHS facilities, or enlisting outside help, as soon as possible. Despite the delays in obtaining suitable NHS beds – indeed because of it – this process is urgent: it is a psychiatric emergency (like a heart attack in physical medicine). Doing nothing is a powerful negative intervention in these cases and has costs in terms of the inevitable worsening of the person's condition and the toll on staff.

Whilst we are aware that Psychologically Informed Planned Environment (PIPE) units exist within the prison system to provide support for prisoners with mental health and personality disorders, there is no such unit at HMP Bedford and the transfer to PIPE units does not appear to have any meaningful impact within the prison.

In a way, it is not difficult, the extreme cases are easy to spot. Everyone knows them very soon and a pathway could be set up for identification and early referral which could be implemented with little in the way of new resources.

6.4 Exercise, regime

The prison is overcrowded with, generally, two prisoners sharing a cell intended for one person. This has had particularly difficult consequences when, either because of Covid restrictions or a limited regime arising from staff shortages, prisoners have been locked up 23 hours a day. These extracts from our prisoners' voice survey give a flavour of the impact on prisoners' lives:

'24 hours a day! Lack of staff so didn't shower for a week. Just closed in - no air or exercise. staff didn't answer bell calls. 100% lockdown'.

'it's like hell'

'it can get hard at times. People get agitated with each other'

Several respondents made the point that although they should have had at least an hour out of their cell, in reality they were locked up for 24 hours a day at times.

Access to physical activities is one of the most important aspects of prison life. It is highly valued by prisoners, who are often kept locked in their cells for hours (particularly in recent months), to get out and let off steam. There is also now mounting evidence from studies conducted outside prison, confirming the psychological benefits of exercise.

From our observations, the PE staff in HMP Bedford have always tried their very best to provide exercise and gym sessions for as many prisoners as possible and we have commented repeatedly in our reports about what an outstanding service they provide. This year has been no exception.

This is particularly impressive given the staff shortages they have had to put up with over most of the year. They are currently 40% short of their complement in the gym (three full-time staff instead of five) and have struggled to cover their own duties. In addition,

because of staff shortages elsewhere in the prison, gym staff are regularly asked to cover for staff in other areas. These disruptions have stopped them from implementing several new initiatives; for example, the astro-turf is still not open.

We see a group of staff who are highly motivated and passionate about the importance of what they do but feel underappreciated and that they are not included in the prison's bigger plans. We share their views about the importance of what they do and their value to prisoners and would therefore welcome more discussions with them and senior managers to see if more constructive ways could be found to address their concerns.

6.5 Drug rehabilitation

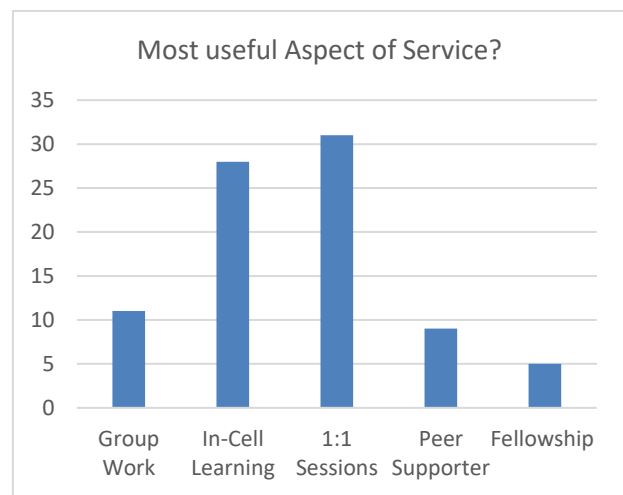
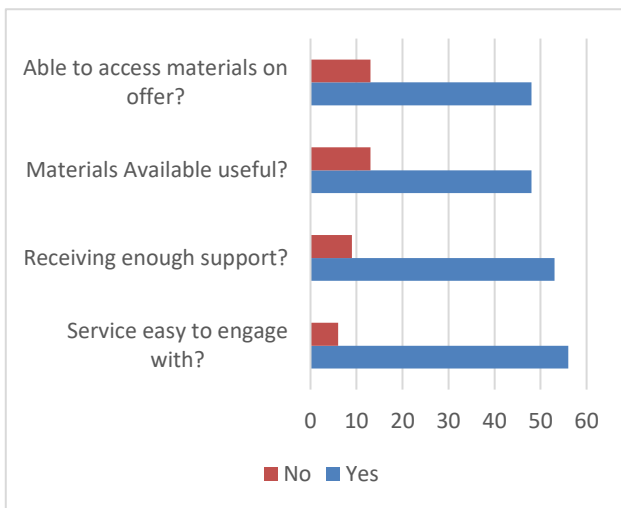
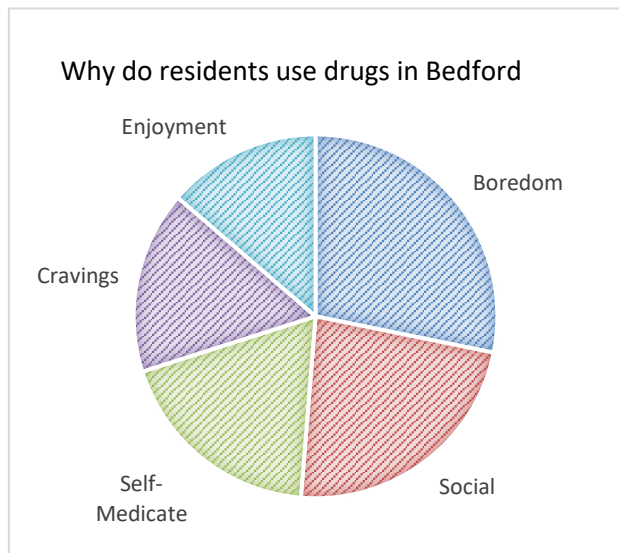
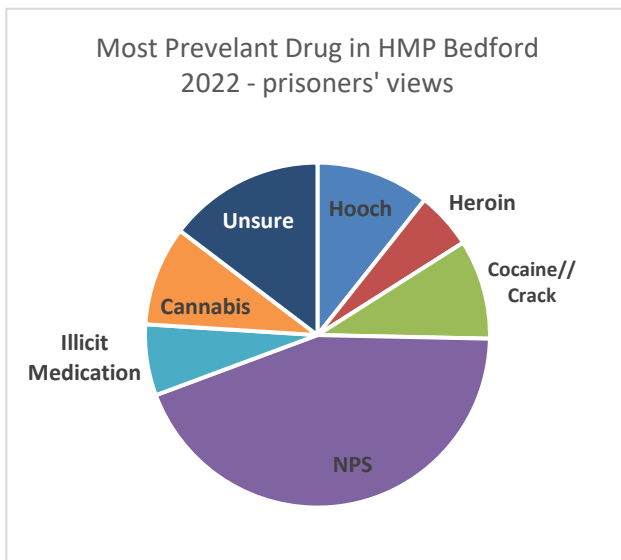
The supporting offenders in recovery and treatment team (SORTT) manages the rehabilitation programmes for prisoners with substance misuse problems. The service is provided by WDP.

The team provides information, group and individual work to support prisoners in managing and, ideally, reducing their substance misuse. This includes both alcohol and drug dependency. An important part of the work is ensuring that there is continuation of support and treatment available when prisoners leave the establishment.

Around 40% of prisoners are currently on the team's list, which is a higher number than last year when it was 33% and includes an increasing proportion of self-referrals (as opposed to those that are referred from reception or as a result of testing). This may be another impact of the levels of remand prisoners, as courts can take into consideration, favourably, proven attempts to change behaviour.

In terms of continuity of care post-release, this is difficult as release areas are announced too close to the release date. For example, if a prisoner is going to housing in Luton all the supporting services including doctors and prescriptions need to be arranged in advance for that area. However, the housing location can be changed at short notice, perhaps to somewhere in Hertfordshire, and the releasee will have little choice but to move there without the necessary support having been arranged.

The SORTT carries out a yearly needs analysis. The one done in January 2022 gives some illuminating results as shown in the graphs below



The survey showed that prisoners felt that the service was easy to access and to engage with. In terms of substance usage, it suggested that (new psychoactive substances (NPS) are by far the most common and available type of drug. It must be stressed that this is the prisoners' view of the situation. Having said that, this is unlikely to be too far from reality.

It also highlighted that boredom and social reasons are the most important factors driving drug use in the prison. This is unsurprising considering the restrictions on activities that were in place when the survey was carried out. The data also suggest a decline in the importance of cravings and enjoyment whilst in custody compared with these external factors.

Overall, our view of the WDP team is that it continues to provide a good and effective service for treatment and recovery that is appreciated by the prisoners who access it.

7. Progression and release

7.1 Education and library

Education

We are encouraged that the education service has continued its upward trajectory. New courses have been introduced, attendance rates have increased and there has been stable and effective leadership. However, there are still gaps in what is provided and we recognise the conclusion of the Ofsted inspection of January 2022 that '*the quality of education requires improvement*', although there is no doubt that progress has been made in the six months since.

On 12 July 2021, after a year of disruption, face-to-face classes in English, maths and ESOL (English for speakers of other languages), began again in the college for those on main wings. Unfortunately, the college was allowed to admit only 50% of its student capacity, to minimise health risks, due to lingering Covid anxieties. Education in F wing began six weeks later.

At that time the way the prison operated (the regime), because of the Covid stage in place, meant that some prisoners were faced with a choice of the gym, showers or education. Not surprisingly, this affected attendance rates. It was not until January 2022 that some sort of normality returned, but even then there were Covid-based interruptions until around April that impacted on the regime and the ability of prisoners to access education. The new regime meant that attendance levels have begun to improve.

Low attendance rates in education, which was an area of regular concern in our previous annual reports, finally showed signs of sustained improvement. In the past, attendance rates in class, when measured against capacity figures (the number who were expected to attend), rarely exceeded 35% as an annual average. In more recent months, attendance rates appear to have settled and figures available provide evidence that overall monthly attendance rates, so far this year, stand at 54% of capacity.

An overall improvement of 20% is grounds for cautious optimism. These figures are an indication of how hard the new college management and staff have been working and they are to be congratulated for their efforts.

From April this year, personal and social development (PSD), previously an in-cell provision, became a regular, classroom-based taught course in the college, led by a newly appointed tutor. Attendance rates in this class continue to be high and it is clear that this is a successful and popular addition to the curriculum. In total, PSD has nine routes on offer, all of which can lead to City and Guilds accreditation. Bedford is currently running five options. These are: managing personal finance, understanding finance of employment, introduction to drug awareness, crime and its effects and understanding assertive behaviour. Each unit takes a week to cover, in four sessions.

There is a good range of support provision for those identified as neurodiverse learners. This includes regular small group support classes in the college, appropriate learning materials available and the use of reader pens. Additionally, Shannon Trust mentors work on the wings, assisting those who need help with their literacy and numeracy skills.

There are two information, advice and guidance workers (IAGs) in post who work in the college and on the wings. They are like roving ambassadors, who assist with in-cell learning and promote and encourage attendance, as well as recommending appropriate courses.

ICT, as a discrete, taught subject, did not prove popular with students – continuing problems with the system's reliability added to their frustrations. It has been replaced with the PSD course.

In our visits we have seen consistently good student take up for this course, positive class interaction and good attendance.

F wing, which houses vulnerable prisoners, has its own education facility. In the last few years education in the wing has been sporadic. Arrangements now are more settled and reliable. Courses in ESOL, English and mathematics are now running in the afternoons, led by a dedicated member of the college staff. Continuity of good practice and the consistency of a good tutor are strong, desirable elements in teaching. They can lead to positive and productive working relationships and improved learning outcomes. We hope that these improvements to the educational opportunities on F wing will continue.

The one note of disappointment is that the art and design course is no longer able to be accommodated on the curriculum timetable and the art specialist has departed. There is a wealth of evidence attesting to its worth as an enjoyable and stimulating approach to the exploration and development of creative thinking, in many forms.

In recent months, a volunteer art specialist, visiting from the Luton Irish Centre, has worked with small groups of prisoners to produce three large murals in the visitors centre. The outcomes show what a very successful venture this was.

The delivery of services has been much improved by stability of the senior team. In contrast to appointments that have ended up being short-term, the current college manager has been in post for over 14 months. The continuity, pace and determination of his enthusiastic leadership, supported by an able, versatile and experienced deputy, has undoubtedly made a very significant contribution to the success of the team and their delivery of the improving curriculum.

Our conclusion is that the education service has been, and is, improving but it is hard to completely disentangle that service from the overall running of the prison and impact of staff shortages and regime changes. In addition, the increase in the percentage of remand prisoners to where they constitute most of population of prison will introduce different challenges as attendance by that group is elective. This means that the service will need to put more focus on making courses attractive, rather than required.

Library

After a rather unsettled period, when the librarian and assistant resigned, as well as the manager for prison libraries at Suffolk Libraries, the library was served by an acting library manager for only two days per week. As a result, access to the library was limited.

Towards the end of the reporting period, a new library manager and assistant have been appointed and the library is already demonstrating that it can be a vibrant part of prison life, with new initiatives planned for the coming year. The library is well used by education

classes. The new staff are dealing with out of date and tatty stock and intend to replenish the wing libraries and provide outreach. Membership is up to 60%.

7.2 Vocational training, work

Workshops

The provision of useful purposeful activity continues to improve under the enthusiastic and effective leadership of the local manager. The prison has come a long way from when the only work provided was putting together key rings.

Throughout August and September 2021, the food packing operation continued, providing additional fruit and snacks for prisoners. This work provided purposeful activity for eight vulnerable prisoners each day. The decency packing service also kept going, providing prisoners with additional items for their personal hygiene and cleanliness. This daily operation offered purposeful activity to another group of eight vulnerable prisoners.

The industrial cleaning vocational instructors continue to deliver '5 step cleaning' and biohazard awareness training, whilst the environmental services team carried on with their litter picking, jet washing and gardening maintenance of the external areas of the site.

The work of packing foil party balloons begun in February this year. There are 22 places on this activity, to share across the main wings, which gives employment to 11 in the morning shift and 11 others in the afternoon.

The bicycle repair shop, set up in workshop three earlier this year, has been very popular and continues to thrive under its enthusiastic instructor. There are seven places available, in both morning and afternoon sessions, which employ workers from across the main wings. Its growth is limited by the number of cycle repair stands that can safely fit into the workshop space. Currently, this is an unaccredited course but there are plans to seek City and Guilds accreditation for participants.

Contract companies have withdrawn in the past because the prison does not have the capacity to expand its workshop space. Lack of available space, for growth and new initiatives, remains a constant and restricting problem on this confined town centre site.

The popular and well attended barbering course is not running at present because of funding pressures. However, there are no plans to discontinue this sought-after course and funding has been so arranged to allow for this six-week course to be made available four times during the year.

We are pleased to see that plans are in place to rationalise and improve the available workshop space, which will result in more options and flexibility. One proposal is for a staff restaurant where prisoners will be involved in table service, so gaining skills in catering and waiting on tables, as well as having access to assistance with employment and housing opportunities on release.

The greener prisons initiative

This has been a year of quiet growth and consolidation, as well as new plans coming to fruition. The small F wing exercise yard has now been transformed from the bleak and cheerless, empty, concrete space it once was.

Imported planters finally arrived and are in place. Work has included soft landscaping with magnolias, jasmines, forsythias and roses, all in containers.

Some small wall containers are also in place. Additionally, a picnic bench and two sturdy items of outside exercise apparatus have also been installed for prisoners' use and enjoyment. This is more good news on the continuing environmental improvements campaign that is slowly, but surely, changing and softening more of the prison's previously harsh and unlovely environment. The picture below illustrates this – previously it was just a concrete area.

Funding has been obtained for a further 10 fruit trees to be planted at the appropriate time. Additionally, in celebration of the Queen's Platinum Jubilee, funding has been made available to provide an avenue of 10 flowering shrubs. These potted plants will be set along one of the long pathways between the blocks and will consist of white magnolias with flowering plants beneath. We can anticipate blossoms, bees and butterflies to add to the prison's increasing number of natural attractions. HMP Bedford is a pretty austere place and it is hard to overemphasise the importance and impact of these initiatives to soften the environment.

Figure 13: new planting as part of the greener prisons initiative



The picture regarding workshop activity is therefore very impressive. The range of activities has increased remarkably, and the quality of the work is much improved. This is reflected in the popularity and enthusiasm of the prisoners attending – and of the staff who run the workshops. All are to be congratulated. The main restrictions now are in terms of limitations of space on what is already a crowded site. If this could be addressed further positive developments could be made.

7.3 Offender management, progression

Offender management is a general term that encompasses the management and progression of prisoners through their sentence. It includes the identification of needs,

education and training. Potentially, it can include triggers for changes in categorisation and the timing of early release. It is managed by the offender management unit (OMU).

We have found the OMU managers to be open, knowledgeable and very helpful. The staff we have talked to were also helpful and had a very good grip of how the system works and about the needs of individual prisoners. We have no issues with the professionalism or commitment of the OMU.

However, we do wonder if the system is optimised in the way that it manages the increasing proportion of unsentenced prisoners within the jail. As a local prison HMP Bedford is set up, primarily, to manage and support short-term sentenced prisoners. It has education, skills, sentence management and pre-release functions to deliver its objectives. Whilst remand prisoners do use these services, they have limited interaction with the OMU or pre-release functions and do not have to attend education or other purposeful activities.

The main needs of remand prisoners are around knowing their court dates and getting access to their solicitors. If HMP Bedford is going to be an establishment that primarily looks after remand prisoners, with a small number of convicted prisoners, then perhaps the whole strategy for managing the prison needs to be reviewed. For example, if this level of unsentenced prisoners is sustained, then there would need to be more video links to courts and meeting spaces for solicitors and less sentence planning.

This extract from one of our rota reports illustrates the sort of issue that can occur: *'Mr H, is a welfare partner, and young adults (YA) ambassador and is training as a listener. He has been on remand for 17 months. He has done all the available courses and would like to do a degree but can't progress any further because he hasn't been sentenced. He has already had two court appearances cancelled because of the lawyer's strike and is not optimistic that his next appearance will go ahead as planned. I wonder how many prisoners in Bedford are in this situation?'*

The system for ensuring that prisoners get to court at the right time is clunky with several potential points of failure. Whilst it appears to work well most of the time, we are aware of at least one occasion where the prison did not get a prisoner to court at the appointed hour and, as a result, he is still there waiting for his trial some months later.

Maybe there should be a remand prisoners' strategy at both national and local level that looks at their particular needs and the prison's role in addressing them.

7.4 Family contact

Family contact is hugely important for prisoners. This was clear from Prisoners' Voice where family was the number one thing that they worried about. This is some of what prisoners said in answer to the question 'what do you worry about most?': *'My mum. I didn't get contact for three months. It was a long time until I could speak to her'; 'I worried about my family and my case constantly'; and 'surviving prison and being away from emotional support and dog'.*

It is good that most of the prisoners who responded to the survey said that they were able to keep in regular contact with their family. The in-cell phones have been very helpful in this regard.

During the first half of the reporting period, social video calls (provided by Purple Visits) continued during the early period before face-to-face visits were reinstated. The visits hall has been refurbished with new furniture and carpet. In addition, there are brightly coloured murals representing the Gypsy, Romany and Traveller community, and Muslim and eastern European communities.

The IMB has observed visitors to the prison coping with the various rules and regulations such as no open-toed sandals. This has proved particularly difficult in the recent hot weather and visitors have had to go and buy a pair of shoes before admittance. Likewise, documentation must be exact and elderly visitors have been turned away because they do not have, for example, photo ID. At a very stressful time, this adds to the complexity of prison visiting.

By the end of the reporting period, the play area and cafe had been reinstated. Enhanced family visits are due to restart soon.

It is disappointing that Ormiston Trust has lost the contract to provide visitor services after more than 20 years. The IMB will be monitoring any changes that occur.

7.5 Resettlement planning

Sadly, since last year many of the issues surrounding the pre-release board (PRB) and resettlement planning have not improved, although the small resettlement team within the OMU has worked very hard.

For a long period of time, that pre-dates Covid, the PRB was not being held, because of the lack of a suitable venue and/or officers not being available to escort prisoners to the board when it was held. As a result, for most of the year, the resettlement team visited prisoners coming up for release in their cells, discussed with them their needs and then spoke on their behalf to the agencies concerned, including Jobcentre Plus, probation, and regarding prescriptions and drug rehabilitation appointments, before reporting back to the prisoner. Discussions were therefore happening about the prisoner, but without their direct input. This was less than satisfactory.

In addition, for a large part of the reporting year there has been no contract in place to help with debt/finance issues so the resettlement team helped prisoners to set up bank accounts and with small debt advice as best they could. However, recently a new member of staff has taken up a post to deal with this issue.

It appears that the PRB is now meeting weekly with all the relevant agencies present, allowing joined up thinking for each prisoner due for release. But, as a result of the ongoing problems with staff numbers, the prisoners themselves are not able to attend. This remains unsatisfactory.

The PRB is a very good platform for addressing the concerns of the prisoners and identifying issues ahead of release. It also helps them meet the people that will be involved in their release plan and who can actively encourage them to take responsibility for their future success. It therefore has a key role in starting to build the relationships that are vital to successful release.

Intervention Alliance took over from NACRO with regard to securing accommodation for those who need it but the resettlement team could not give any figures yet on their success. We felt there was an impression that they were currently not as successful as NACRO had been in securing accommodation, but we don't know if this is just because they are settling in.

The work of the IMB

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	9
Number of Board members at the end of the reporting period	9
Total number of visits to the establishment	124
Total number of segregation reviews attended (1 July 20 – 30 March 21)	5

Applications to the IMB

It should be noted that one application can be around more than one topic.

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation, including laundry, clothing, ablutions	5	6
B	Discipline, including adjudications, incentives scheme, sanctions	1	6
C	Equality	4	0
D	Purposeful activity, including education, work, training, library, regime, time out of cell	4	2
E 1	Letters, visits, telephones, public protection restrictions	5	5
E 2	Finance, including pay, private monies, spends	8	0
F	Food and kitchens	2	0
G	Health, including physical, mental, social care	23	14
H 1	Property within this establishment	12	8
H 2	Property during transfer or in another establishment or location	24	1
H 3	Canteen, facility list, catalogue(s)	4	1
I	Sentence management, including home detention curfew, release on temporary licence, parole, release dates, recategorisation	10	6
J	Staff/prisoner concerns, including bullying	14	4
K	Transfers	1	1
L	Miscellaneous, including complaints system and regime	7	7
	Total number of IMB applications	108	61



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